The next antiseptic experimented with was creasote. No volumetric chemical process being known for the quantitative estimation of this compound, the gravimetric method had to be pursued, which, however, furnishes results sufficiently precise for the purpose.. He finds that creasote is somewhat more volatile than phenol, but still is of very slight volatility.

Thymol, which is a powerful antiseptic, he finds to be not in the least volatile at ordinary temperatures, and that it is scarcely possible to conceive that it can, as at present employed, exert any beneficial effect by inhalation.

In iodine we really have a volatile agent to deal with, and hence it might be presumed that it did, in fact, make its way into the lungs. This conclusion, though apparently warranted by the disappearance of the antiseptic during inhalation, is not confirmed by further observation.

When testing the saliva and mucus of the mouth and throat on the completion of the inhalation with a solution of starch, he noticed that the colour of the starch was unchanged, proving the absence of free iodine. On applying, however, an acid to the mucus, the blue colour was abundantly developed, showing that very much of the iodine inhaled, and possibly the whole of it, had become converted into an iodide, in which transformation it loses entirely its antiseptic properties. This is an interesting and important fact, not only in relation to the subject now under consideration, but in other ways. Thus, for one thing, it shows how useless it is to administer free iodine as a medicine. Again, it should be known that when, as is frequently the case, carbolic acid and iodine are inhaled together, a strong chemical action is set up between them, whereby probably the antiseptic properties of both are impaired. In the case of iodine, then, evidence is also wanting to show that this antiseptic does really make its way into the lungs. Now it may be urged that if the inhalation of the several antiseptics had been continued for a longer period than an hour, the result would have been different—that is to say, that more of them would have been inhaled. In order to test this point, the inhalation of carbolic acid was continued for two hours in three experiments with the following results: Of the 500 milligrammes taken, they were recovered by Chandelon's process 410, 400, and 390 milligrammes respectively, thus showing only a very moderate increase, quite insufficient to affect in any material manner the general results arrived at. Even had the amount inhaled been much greater, it would by no means have followed that a proportionate increase of the antiseptic was to be found in the lungs. Supposing a small quantity of any of the antiseptics really reaches those organs, it is not to be supposed that it remains there for an indefinite time, and goes on accumulating as long as the inhalation is continued. The action of the absorbents would doubtless come into play, and the antiseptic which was inhaled the first hour would become removed by absorbtion during the second hour. Again, it might be urged that if smaller quantities of the antiseptics were placed in the inhaler, the proportionate volatilization would be greater. 250 milligrammes of phenol in water were sprinkled on the sponge of the inhaler, and inhalation continued for an hour, at the end of which time 234 milligrammes were recovered from the sponge, showing a smaller, and not a larger, proportionate loss.

Iodoform in Chronic Pulmonary Affections.

Prof. SEMMOLA was first to draw attention to the fact that iodoform, administered by the mouth, is in part eliminated unchanged by the lungs. Its probable topical action during elimination led him to employ it in lung-disease. He and many other good Italian authorities speak most favourably of its action, especially in caseous broncho-alveolitis, chronic pneumonia, and bronchial catarrh, bronchiectasis, etc. In phthisis, the expectoration often diminishes rapidly and considerably, the cough is lessened, and the violent paroxysms disappear. The products existing in the bronchi, or in a more advanced stage in the foci of softening and caverns, are disinfected. The fever progressively diminishes, and he thinks that this diminution is in great part due to the local antiseptic action of the remedy, and to the diminution of putrid matter, which, becoming absorbed from the breaking up lung-tissue, represents one of the gravest consequences of the morbid process. The general health evidently improves, and cases in the first stage of caseous broncho-alveolitis may probably recover. The dose is from one-eighth of a grain to six or seven grains a day, and must be determined by the tolerance of the remedy by the digestive organs and the nervous system. It is best given in the form of a pill, with extract of gentian or other extract. He prefers to give it in small doses every hour, or every two hours. If it be not well tolerated by the stomach, it may be given in inhalation, dissolved in oil of turpentine, and administered three or four times a day.—*London Med. Record*, May 15, 1883.

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Nitric, Nitrous, and Nitro-Compounds in Angina Pectoris.

Mr. MATTHEW HAY, at the close of an elaborate paper on this subject (*Practitioner*, May, 1883), summarizes as follows: Briefly stated, the conclusions to be drawn from the present experiments, and from those with nitrite of sodium, nitroglycerine, and nitrite of amyl, reported in my previous paper,[1] are that nitrous acid in any combination, whether as an ether or, a metallic salt, is useful in the treatment of angina pectoris; and, that, in the case of the nitrite of amyl, the action of the acid is aided by that of the base. On the other hand, all compounds of nitric acid, whether ethereal or metallic, are without effect, unless it so happen that the constitution of the nitrate is such that it decomposes in the body with the liberation of nitrous acid. Further, nitro-substitution compounds have likewise no remedial effect.

So far as at present known, the nitrogen-containing remedies for angina pectoris may be divided into two classes, the one consisting of combinations of nitrous acid with metallic oxides or alcoholic radicals, the other comprising a peculiar class of nitric ethers, obtained from the higher alcohols, whose decomposition within the body results in the production of nitrous acid. In both classes the action of the compound is ultimately dependent on the nitrous acid present. Typical examples of the first class are nitrite of sodium and nitrite of ethyl, and, of the second class, nitro-glycerine. To these classes might be added another containing such substances as compounds of amyl, whose action is similar to that of nitrites. But limited as this group at present is to compounds of amyl, it is not one to be chosen in the treatment of angina pectoris. The dose required is large, and the action is not rapidly produced, and disagreeable after-effects are apt to occur; and altogether I am very doubtful of its always acting so well as it did in the case of my patient.

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Treatment of Angina Pectoris.

Prof. GERMAIN SÉE, in a recent lecture on angina pectoris says: The medicinal measures which I employ habitually are: 1. Bromide of potassium; 2. Digitalis; 3. Electricity (hardly habitually, but it deserves mention); 4. Arsenic (of which the same may be said); it is sometimes of use as a vaso-motor tonic, but its action is doubtful.

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[1] Loc. cit.